

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

**DECLARATION**

ATTORNEY'S DOCKET NO.

1662/6040761

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **NOVEL CRYSTALLINE FORMS OF GATIFLOXACIN AND PROCESSES FOR PREPARATION** the specification of which was filed on **December 12, 2003** as U.S. Serial No. **10/735,029**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

**PRIOR UNITED STATES APPLICATION(S)**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER	FILING DATE (day, month, year)
60/431,961	12 December 2002
60/448,062	15 February 2003
60/465,534	25 April 2003

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or

PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE (day, month, year)	STATUS (i.e. Patented, Pending, Abandoned)

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

Steven J. Lee, Esq.  
KENYON & KENYON  
One Broadway  
New York, New York 10004-1050

CUSTOMER NUMBER 26646

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME <b>AMIR</b>	FIRST GIVEN NAME <b>Ehud</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>Ramat-Aviv</b>	STATE OR FOREIGN COUNTRY <b>Israel</b>	COUNTRY OF CITIZENSHIP <b>Israel</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>48/14 Tagor Str</b>	CITY <b>Ramat-Aviv</b>	STATE & ZIP CODE/COUNTRY <b>69341, Israel</b>
Signature 		Date <b>25/02/02</b>	

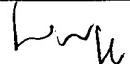
FULL NAME OF INVENTOR	FAMILY NAME <b>NIDDAM-HILDESHEIM</b>	FIRST GIVEN NAME <b>Valerie</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>Ein Vered</b>	STATE OR FOREIGN COUNTRY <b>Israel</b>	COUNTRY OF CITIZENSHIP <b>Israel</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>POB 21 Israelian</b>	CITY <b>Ein Vered</b>	STATE & ZIP CODE/COUNTRY <b>40696 Israel</b>

Signature  Date **22 - 02 - 2004**

FULL NAME OF INVENTOR	FAMILY NAME <b>STERINBAUM</b>	FIRST GIVEN NAME <b>Greta</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>Rishon - Lezion</b>	STATE OR FOREIGN COUNTRY <b>Israel</b>	COUNTRY OF CITIZENSHIP <b>Israel</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>10/10 Kaplinsky St.</b>	CITY <b>Rishon - Lezion</b>	STATE & ZIP CODE/COUNTRY <b>75241 Israel</b>

Signature  Date **25.2.04**

FULL NAME OF INVENTOR	FAMILY NAME <b>WIZEL</b>	FIRST GIVEN NAME <b>Shlomit</b>	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY <b>Petah Tiqva</b>	STATE OR FOREIGN COUNTRY <b>Israel</b>	COUNTRY OF CITIZENSHIP <b>Israel</b>
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Yehuda Hanassi 2,</b>	CITY <b>Petah Tiqva</b>	STATE & ZIP CODE/COUNTRY <b>49742 Israel</b>

Signature  Date **23.2.04**